



WOODBIDGE PLAY-CARE BEHAVIOR CONTRACT

We, _____, the parents of _____,
(Parent(s) / Legal Guardian(s)) (Child's / Dependent's Name)

agree to the withdrawal policy (**two weeks' notice**) if my child's behavior endangers the safety and well-being of any child or staff at Annandale Play-Care, Inc.

The parent(s) / guardian(s) agrees to ensure that their child follows and adheres to the policies of the center. If it becomes apparent that a positive working relationship is no longer obtainable, Annandale Play-Care, Inc. reserves the right to withdraw any student and / or their family.

Your signature below is to indicate that you are aware of the withdrawal policy and procedures, and that you will give reinforcing instruction of appropriate behavior at home.

SIGNATURES

Mother / Legal Guardian DATE

Father / Legal Guardian DATE

APC Rep. or Administrator DATE